Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THANK SMALL ENTITY	
TOTAL CLAIMS			85					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			8 ≤ minus 20=		. 65			X\$ 9=		OR	X\$18=	1170
INDEPENDENT CLAIMS			A m	ninus 3 =	. 8			X40=		OR	X80=	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										,	OTHER	THAN
(Column 1)				(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT - EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL	1	OR	TOTAL ADDIT. FEE	
	-	′	ADDIT. FEE			AUUII. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	1
	Independent	NTATION OF MU	Minus	***	CLAIM	=	ı	X40=		OR	X80=	
<u> </u>	FINST PRESE	INTATION OF MIC	JETIPLE DE	PENDENT	CLAIM			+135=		OR	+270=	
							- 4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		╽┠	+135=				
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												L
		nber Previously Pa					r fou	nd in the app	ropriate bo	x in co	lumn 1.	